

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT				Juvenile in Report: <input checked="" type="checkbox"/> N		Juvenile Warn/Dismiss: <input type="checkbox"/>		1. Original <input type="checkbox"/> 2. Supplement: <input checked="" type="checkbox"/> 1																																	
ADM	Date of Supplement					Holmes Beach Police Department					Agency Report Number		Primary Offense Description																																		
	/ /										20190055		INFORMATION																																		
EVENT DATA	Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																																				
	Thu		01/31/2019		1252		1252		1252		1313																																				
	Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)																																		
	1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		From		Wed		01/30/2019		1700		To		Thu		01/31/2019		0700																										
	OFF/INC #1		Type		Description		A-Attempted C-Committed		C		Statute Violation Number - Chapter, Section, Sub				NCIC/UCR Code																																
	9		INFORMATION								0 - 0 ( 0 )				0000																																
	OFF/INC #2																																														
	Incident Location (Street Number, Street, Apt.)										City		Zip		District		Grid		Area		Zone																										
	2800 GULF DR										HOLMES BEACH		34217																																		
	Business Name/Area Identifier										Forced Entry		Occupancy																																		
										0. N/A 1. Yes		2. No 0		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		0																													
Location Type										05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile																											
01. Residence Single										06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		30. Other Mobile																											
02. Apartment/Condo										07. Liquor Sales		12. Drug Store/Hospital		17. Gov/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field		99. Other																											
03. Residence-Other										08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway																													
04. Hotel/Motel										09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle				26																									
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs																											
01		02		00		00		00		00. N/A 01. Handgun		03. Shotgun 04. Firearm		06. Blunt Object		08. Poison 09. Explosives		11. Threat/Intimidation 12. Simulated Weapon		88. Unknown 99. Other																											
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury																																			
V - Victim W - Witness C - Reporting Person		0 - Other		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal																											
Injury Type		03. Laceration		07. Loss of Teeth		Victim Relationship To Offender		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer																															
00. N/A		04. Unconscious		08. Burns		00. N/A		03. Spouse		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant																															
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		01. Undetermined		04. Ex-Spouse		08. Child		12. Other Family		19. Sitter/Day Care		23. Acquaintance																															
02. Stabbed		06. Poss. Internal Injury		99. Other		02. Stranger		05. Co-Habitant		09. Step-Parent		13. Student		16. Boy/Girl Friend		99. Other Known																															
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone																																					
1.#1 2.#2		3.Both		1		V		01		4		WESTRA CONSTRUCTION CORP.																																			
Address (Street, Apt. Number)										City		State		Zip		Business Phone																															
1263 12TH AVE EAST										PALMETTO		FL		34221		941 723-1611																															
Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement																																					
										SENIOR SUPERINTENDENT DAN FIX COMPANY RENTING PUMP																																					
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?																							
2		N		N		N						0		0		0		00 00		00				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																							
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone																																					
1.#1 2.#2		3.Both		1		V		02		4		Godwin Pumps of America																																			
Address (Street, Apt. Number)										City		State		Zip		Business Phone																															
202 WINSTON CREEK PKWY										LAKELAND		FL		33810		863 682-8800																															
Other Contact Info. (Time Available, Interpreter, etc.)										Synopsis of Involvement																																					
										RENTED PUMP TO WESTRA																																					
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?																							
2		N		N		N						0		0		0		00 00		00				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																							
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone																													
1.#1 2.#2		S-Suspect A-Arrestee		E-Escapee M-Missing Z-other																																											
Last Known Address (Street, Apt. Number)										City		State		Zip		Business Phone																															
Occupation					Employer/School					Address					Social Security Number																																
Driver's License Number/State					Immigration and Naturalization Number					Other I.D. Number					OBTS Number (Arrested)																																
Clothing (Describe)										Scars/Marks/Tatoos (Location/Describe)																																					
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style																													
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers																																					
SEE NARRATIVE ON OTHER PAGE.																																															
Person/Unit Notified						Time						Related Report Number(s)						Name of Officer Reporting						I.D. Number/Locator Code																							
																		L. DIEHL						333																							
Signature of Officer Reportin						Officer Reviewing (If Applicable)						I.D. Number						Unit						Date																							
						SGT T. FRASER						323						PATROL						01/31/2019																							
Signature of Officer Reviewing						Routed To						Referred To						Assigned To						By						Date																	
Case Status						Clearance Type						1.Arrest 2.Exceptional						3.Unfounded						A-Adult J-Juvenile						Date Cleared						Jail Number						Number Arrested					
Exception Type						1.Extradition Declined						2. Arrest on Primary Offense Secondary Offense Without Prosecution						3. Death of Offender 4. V / W Refused to Cooperate						5. Prosecution Declined 6. Juvenile/No Custody						OBTS Number						Page of Page											

# PROPERTY REPORT

1. Original  
2. Supplement

1

## Holmes Beach Police Department

Agency Report Number  
**20190055**

<b>ADM</b>	Date of Supplement ___/___/___		<b>INFORMATION</b>					<b>VICTIM #1 Name (Last, First, Middle)</b> <b>WESTRA CONSTRUCTION CORP.</b>				
	Original Date Reported <b>01/31/2019</b>											
<b>THEFT</b>	<b>Theft Type Codes</b> 00. N/A    01. Burglary    02. Robbery    03. Shoplifting    04. Pocket Picking    05. Purse Snatching    06. Embezzlement    07. From Coin Oper. Machine    08. From Public Access Building    09. From Vehicle    10. Extortion    11. By Computer    12. Fraud    99. Other										Theft Type <b>00</b>	
	<b>Person Codes</b> V - Victim    S - Suspect    A - Arrestee    O - Other			<b>Status Codes</b> 1. Stolen    2. Recovered    3. Stolen and Recovered    4. Recovered for Other Jurisdiction    5. Lost    6. Found			<b>Damage Codes</b> 0. N/A    1. Arson    2. Criminal Mischief    3. During other Offense    9. Other					
<b>CODES</b>	<b>Property Type</b> A. Auto Accessory/Parts    B. Bicycle    C. Camera/Photo Equipment    D. Drug    E. Equipment/Tool    F. Food/Liquor/Consumable    G. Gun    H. Household Appliance/Goods    I. Plant/Citrus    J. Jewelry/Precious Metal    K. Clothing/Fur    L. Livestock    M. Musical Instrument    N. Construction Machinery    O. Office Equipment    P. Art/Collection    Q. Computer Equipment    R. Radio/Stereo    S. Sports Equipment    T. TV/Video/VCR    U. Currency/Negotiable    V. Credit Card/Non-Negotiable    W. Boat Motor    X. Structure    Y. Farm Equipment    Z. Miscellaneous											
	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number		
<b>PROPERTY</b>	V	02	1	9	9	Z	1	WATER PUMP	GODWIN			
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) <b>LARGE ORANGE GODWIN WATER PUMP</b>							
	Value <b>10,000.00</b>		Value Recovered		Date Recovered ___/___/___		SCIC/NCIC					
<b>PROPERTY</b>	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number		
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)							
	Value		Value Recovered		Date Recovered ___/___/___		SCIC/NCIC					
<b>PROPERTY</b>	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number		
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)							
	Value		Value Recovered		Date Recovered ___/___/___		SCIC/NCIC					
<b>PROPERTY</b>	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number		
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)							
	Value		Value Recovered		Date Recovered ___/___/___		SCIC/NCIC					
<b>PROPERTY</b>	Code	Person	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number		
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)							
	Value		Value Recovered		Date Recovered ___/___/___		SCIC/NCIC					
<b>TOTALS</b>	Property Stolen		10,000.00				Change in Property Stolen Value					
	Property Recovered		0.00				Change in Property Recovered Value					
<b>CODES</b>	<b>Activity</b> P. Possess    R. Smuggle    M. Manufacture/Produce/Cultivate    S. Sell    D. Deliver    E. Use    Z. Other    B. Buy    K. Dispense/Distribute    T. Traffic			<b>Type</b> A. Amphetamine    H. Hallucinogen    S. Synthetic    B. Barbiturate    M. Marijuana    U. Unknown    C. Cocaine    O. Opium/Derivative    Z. Other    E. Heroin    P. Paraphernalia/Equipment			<b>Unit</b> 1. Gram    5. Pound    9. Dose Unit/Item 2. Milligram    6. Ton 3. Kilogram    7. Liter 4. Ounce    8. Milliliter					
	Activity	Type	Description	Quantity	Unit	Estimated Street Value						
<b>DRUGS</b>	Activity	Type	Description	Quantity	Unit	Estimated Street Value						
	Activity	Type	Description	Quantity	Unit	Estimated Street Value						
	Activity	Type	Description	Quantity	Unit	Estimated Street Value						
<b>PROP. DETAIL / NARR.</b>	<b>ORANGE GODWIN PUMP WAS DAMAGED AFTER POSSIBLY BEING VANDALIZED.</b>											
<b>ADMINISTRATIVE</b>	Officer(s) Reporting		ID. Number(s)/Locator code		Signature of Officer Reporting			Unit		Date		
	<b>L. DIEHL</b>		<b>333</b>							<b>01/31/2019</b>		
	Officer Reviewing (If Applicable)		ID. Number		Routed To		Referred To		Assigned To		By	
<b>SGT T. FRASER</b>		<b>323</b>										
Signature of Officer Reviewing										Page _____ of _____		

# NARRATIVE CONTINUATION

1. Offense  Juvenile  1. Original   
 2. Arrest  Warn/Dismiss  2. Supplement

## Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20190055**

ADM	Date of Supplement ___/___/___
	Original Date Reported <b>01/31/2019</b>

Case Reference  
**INFORMATION**

NARRATIVE

ON 01/31/2019 AT 1252 HOURS, WHILE ON ROUTINE PATROL, I WAS FLAGGED DOWN AT 28TH STREET AND GULF DRIVE IN REFERENCE TO A POSSIBLE VANDALISM OF A WATER PUMP. WESTRA CONSTRUCTION COMPANY IS CURRENTLY DOING CONSTRUCTION WORK ON GULF DRIVE. WESTRA SENIOR SUPERINTENDENT, DAN FIX, INFORMED ME THAT SOMETIME BETWEEN 1700 HOURS ON 01/30/2019 AND 0700 HOURS ON 01/31/2019, A WATER PUMP THEY ARE USING MAY HAVE BEEN VANDALIZED. FIX STATED THAT ONE OF HIS WORKERS FOUND FITTINGS ON A PVC PIPE CONNECTED TO THE PUMP DISCONNECTED. FIX INFORMED ME THAT BECAUSE THE FITTINGS WERE DISCONNECTED, THE MOTOR ON THE PUMP BURNED OUT. WESTRA IS CURRENTLY RENTING THE PUMP FROM GODWIN PUMPS OF AMERICA. FIX DID NOT KNOW THE EXTENT OF THE DAMAGE TO THE PUMP AT THIS TIME. FIX ALSO STATED THAT THEIR HAVE BEEN SEVERAL COMPLAINTS BY RESIDENTS REGARDING THE NOISE THE PUMPS ARE MAKING. I CHECKED THE NEARBY AREA AND COULD NOT LOCATE ANY VIDEO SURVEILLANCE. FIX STATED THAT THE PUMP WILL BE FIXED SATURDAY AFTERNOON AND REQUESTED THAT THE POLICE DEPARTMENT PATROL THE AREA.

ADMINISTRATIVE	Report Contains	Related Report Number(s)	Name of Officer Reporting <b>L. DIEHL</b>	I.D. Number/Locator Code <b>333</b>	
	Signature of Officer Reporting	Officer Reviewing (If Applicable) <b>SGT T. FRASER</b>	I.D. Number <b>323</b>	Unit <b>PATROL</b>	
	Signature of Officer Reviewing	Routed To	Referred To	Assigned To By	
	Case Status	Clearance Type 1. Arrest 2. Exceptional	3. Unfounded	A-Adult J-Juvenile	Date Cleared ___/___/___
	Exception Type 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody	Arrest Number  OBTS Number  Page of

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT				Juvenile in Report: <input type="checkbox"/> N		Juvenile Warn/Dismiss: <input type="checkbox"/>		1. Original <input type="checkbox"/> 2. Supplement: <input type="checkbox"/> 1											
Date of Supplement		Holmes Beach Police Department				Agency Report Number		Primary Offense Description																	
20190056		TRAFFIC																							
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Thu		01/31/2019		2107		2107		2107		2336															
Incident Type		Date		Time (mil)		Day		Date		Time (mil)															
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)									
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Thu		01/31/2019		2107		Thu		01/31/2019		2336									
OFF/INC #1		Type		Description		A-Attempted C-Committed		C		Statute Violation Number - Chapter, Section, Sub				NCIC/UCR Code											
4		DRIVERS LIC						C		322 - 03 ( 1 )				9000											
OFF/INC #2																									
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
3900 EAST BAY DRIVE		HOLMES BEACH		34217		00		00		00		W80													
Business Name/Area Identifier		Forced Entry		Occupancy																					
		0. N/A 1. Yes		2. No 0		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned				0													
Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile													
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		99. Other													
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field															
03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway															
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle		26													
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs					
01		01		01		00		00		01. Handgun		03. Shotgun		06. Blunt Object		09. Explosives		11. Threat/Intimidation		88. Unknown					
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
V - Victim		0. N/A		N - N/A		N - N/A		0. N/A		0. N/A		0. None													
W - Witness		1. Juvenile		W - White		M - Male		1. City		1. Full Year		1. Minor													
C - Reporting Person		2. L.E. Officer		B - Black		F - Female		2. County		2. Part Year		2. Serious													
		3. Adult		U - Unknown		U - Unknown				3. Non-Resident		3. Fatal													
Injury Type		03. Laceration		07. Loss of Teeth		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer											
00. N/A		04. Unconscious		08. Burns		00. N/A		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant											
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		01. Undetermined		12. Other Family		Friend		19. Sitter/Day Care		23. Acquaintance											
02. Stabbed		06. Poss. Internal Injury		99. Other		02. Stranger		13. Student		16. Boy/Girl Friend		99. Other Known													
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 3.Both 2.#2		1		V		01		5		STATE OF FLORIDA															
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		2		N		N		02/28/1991		27		0		1		0		00 00		00		H		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 3.Both 2.#2		1		O		01		3		813 541-6520															
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
3415 W HILLSBOROUGH AVE		TAMPA		FL		33614																			
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement		PASSENGER																					
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		2		W		M		02/28/1991		27		3		1		0		00 00		00		H		Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Residence Phone													
1.#1 3.Both 2.#2		S-Suspect A-Arrestee		E-Escapee M-Missing		R-Rec. Missing Z-other		A 01		2		813 756-9666													
Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone																			
				MEXICO		813 756-9666																			
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
513 BRIARMEADOWS DR		BRANDON		FL		33594																			
Occupation		Employer/School		Address		Social Security Number																			
DUPS																									
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
N/A		FF																							
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
W		M		04/01/1993		25		505		140		BRO		BLK		M		S							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
MED		MED		C																					
SEE NARRATIVE																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
						A. DESANTIS		336																	
Signature of Officer Reportin		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
SGT. J. PIERCE		SGT. J. PIERCE		309				01/31/2019																	
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By																	
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
CA				1				A		01/31/2019				1											
Exception Type		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V/W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page													
1.Extradition Declined										1		2													

# NARRATIVE CONTINUATION

1. Offense  Juvenile  1. Original   
 2. Arrest  Warn/Dismiss  2. Supplement

## Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20190056**

ADM	Date of Supplement ___/___/___
	Original Date Reported <b>01/31/2019</b>

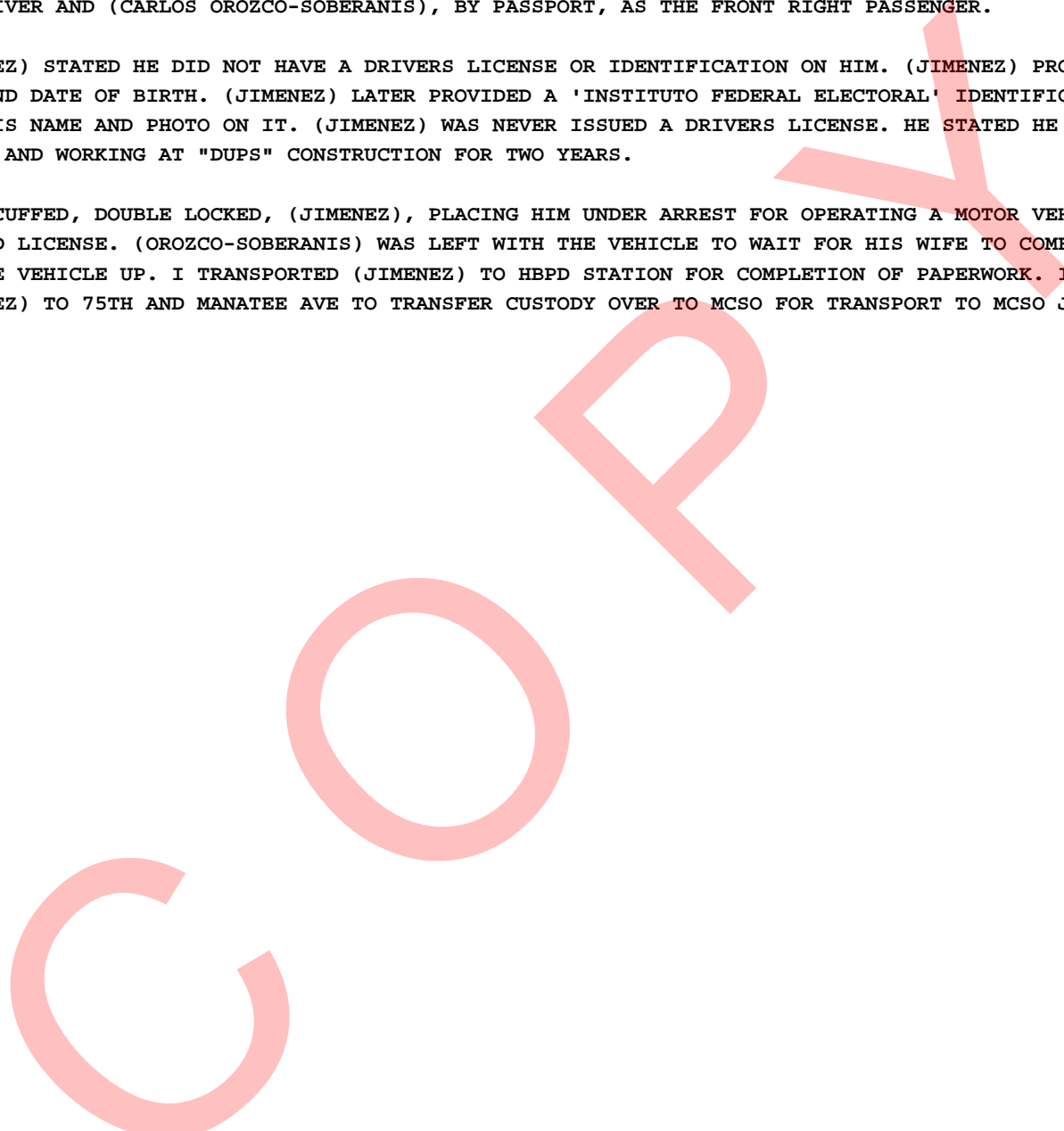
Case Reference  
**NO VALID DL**

NARRATIVE

ON 01/31/19, I OBSERVED A 4-DR SEDAN TRAVELING WEST ON MANATEE AVE. I OBSERVED THE REGISTRATION/TAG LIGHTS NOT FUNCTIONING ON THIS VEHICLE. I OBSERVED THE RIGHT AND CENTER BRAKE LIGHTS NOT FUNCTIONING ON THIS VEHICLE AS WELL. I CONDUCTED A TRAFFIC STOP ON THE VEHICLE AND IDENTIFIED (DARVIN JIMENEZ) AS THE DRIVER AND (CARLOS OROZCO-SOBERANIS), BY PASSPORT, AS THE FRONT RIGHT PASSENGER.

(JIMENEZ) STATED HE DID NOT HAVE A DRIVERS LICENSE OR IDENTIFICATION ON HIM. (JIMENEZ) PROVIDED TO HIS NAME AND DATE OF BIRTH. (JIMENEZ) LATER PROVIDED A 'INSTITUTO FEDERAL ELECTORAL' IDENTIFICATION CARD, WITH HIS NAME AND PHOTO ON IT. (JIMENEZ) WAS NEVER ISSUED A DRIVERS LICENSE. HE STATED HE HAS BEEN LIVING AND WORKING AT "DUPS" CONSTRUCTION FOR TWO YEARS.

I HANDCUFFED, DOUBLE LOCKED, (JIMENEZ), PLACING HIM UNDER ARREST FOR OPERATING A MOTOR VEHICLE WITHOUT A VALID LICENSE. (OROZCO-SOBERANIS) WAS LEFT WITH THE VEHICLE TO WAIT FOR HIS WIFE TO COME PICK HIM AND THE VEHICLE UP. I TRANSPORTED (JIMENEZ) TO HYPD STATION FOR COMPLETION OF PAPERWORK. I TRANSPORTED (JIMENEZ) TO 75TH AND MANATEE AVE TO TRANSFER CUSTODY OVER TO MCSO FOR TRANSPORT TO MCSO JAIL. NFI



Report Contains	Related Report Number(s)	Name of Officer Reporting <b>A. DESANTIS</b>	I.D. Number/Locator Code <b>336</b>
Signature of Officer Reporting	Officer Reviewing (If Applicable) <b>SGT. J. PIERCE</b>	I.D. Number <b>309</b>	Unit <b>336</b>
Signature of Officer Reviewing	Routed To	Referred To	Assigned To
Case Status <b>CA</b>	Clearance Type 1. Arrest 2. Exceptional <b>1</b>	3. Unfounded <b>1</b>	A-Adult J-Juvenile <b>A</b>
Exception Type 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody
Date Cleared <b>01/31/2019</b>		Arrest Number	Number Arrested <b>1</b>
OBTS Number		Page <b>2</b>	Page <b>2</b>

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT						Juvenile in Report: <input checked="" type="checkbox"/> N		Juvenile Warn/Dismiss: <input type="checkbox"/>		1. Original <input type="checkbox"/> 2. Supplement: <input checked="" type="checkbox"/> 1									
Date of Supplement		Holmes Beach Police Department						Agency Report Number				Primary Offense Description													
Date		20190057						INFORMATION																	
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Fri		02/01/2019		1604		1604		1604		1740															
Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)													
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Fri		02/01/2019		1604		Fri 02/01/2019 1604													
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
9		BAKER ACT		C		394 - 467 ( )		9000																	
OFF/INC #2		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
3017 AVENUE C		HOLMES BEACH		34217								W80													
Business Name/Area Identifier		Forced Entry		Occupancy																					
ANNA MARIA VACATIONS		0. N/A 1. Yes		2. No 2		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		1															
Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile													
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		99. Other													
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field															
03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway															
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle		99													
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle													
1		1		1		0		0		00. N/A 01. Handgun		03. Shotgun 04. Firearm													
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
V - Victim W - Witness C - Reporting Person		0 - Other		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		0. N/A 1. City 2. County		0. N/A 1. Full Year 2. Part Year 3. Non-Resident											
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		06. Parent		10. Step-Child		14. Teacher		17. Friend											
00. N/A		04. Unconscious		08. Burns		01. Undetermined		03. Spouse		11. In-Law		15. Child of Boy/Girl		18. Neighbor											
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		04. Ex-Spouse		12. Other Family		16. Boy/Girl Friend		19. Sitter/Day Care											
02. Stabbed		06. Poss. Internal Injury		99. Other		05. Co-Habitant		08. Child		13. Student		20. Employee		22. Landlord/Tenant											
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 3.Both 2.#2		1		C		1		3 WHITE-TOWNSEND		941 962-2600															
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
2620 61ST ST. E.		PALMETTO		FL		34221		-																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
		RECEIVED TEXTS																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		B		F		09/02/1974		44		2		1		0		00 00		07						Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 3.Both 2.#2		1		C		1		3 HESTER		-															
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
2620 61ST E.		PALMETTO		FL		34221		-																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
		RECEIVED TEXTS																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		B		F		09/02/1974		44		2		1		0		00 00		07						Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Residence Phone													
1.#1 3.Both 2.#2		S-Suspect E-Escapee A-Arrestee M-Missing Z-other		Z		1		2		HESTER		-													
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
2620 61ST E.		PALMETTO		FL		34221		-																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
		RECEIVED TEXTS																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		B		F		09/02/1974		44		2		1		0		00 00		07						Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Residence Phone													
1.#1 3.Both 2.#2		S-Suspect E-Escapee A-Arrestee M-Missing Z-other		Z		1		2		HESTER		-													
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
2620 61ST E.		PALMETTO		FL		34221		-																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
		RECEIVED TEXTS																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		B		F		09/02/1974		44		2		1		0		00 00		07						Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Residence Phone													
1.#1 3.Both 2.#2		S-Suspect E-Escapee A-Arrestee M-Missing Z-other		Z		1		2		HESTER		-													
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
2620 61ST E.		PALMETTO		FL		34221		-																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
		RECEIVED TEXTS																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		B		F		09/02/1974		44		2		1		0		00 00		07						Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Residence Phone													
1.#1 3.Both 2.#2		S-Suspect E-Escapee A-Arrestee M-Missing Z-other		Z		1		2		HESTER		-													
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
2620 61ST E.		PALMETTO		FL		34221		-																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
		RECEIVED TEXTS																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		B		F		09/02/1974		44		2		1		0		00 00		07						Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Residence Phone													
1.#1 3.Both 2.#2		S-Suspect E-Escapee A-Arrestee M-Missing Z-other		Z		1		2		HESTER		-													
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
2620 61ST E.		PALMETTO		FL		34221		-																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
		RECEIVED TEXTS																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		B		F		09/02/1974		44		2		1		0		00 00		07						Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Residence Phone													
1.#1 3.Both 2.#2		S-Suspect E-Escapee A-Arrestee M-Missing Z-other		Z		1		2		HESTER		-													
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
2620 61ST E.		PALMETTO		FL		34221		-																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
		RECEIVED TEXTS																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		B		F		09/02/1974		44		2		1		0		00 00		07						Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Residence Phone													
1.#1 3.Both 2.#2		S-Suspect E-Escapee A-Arrestee M-Missing Z-other		Z		1		2		HESTER		-													
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
2620 61ST E.		PALMETTO		FL		34221		-																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
		RECEIVED TEXTS																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		B		F		09/02/1974		44		2		1		0		00 00		07						Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Residence Phone													
1.#1 3.Both 2.#2		S-Suspect E-Escapee A-Arrestee M-Missing Z-other		Z		1		2		HESTER		-													
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
2620 61ST E.		PALMETTO		FL		34221		-																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
		RECEIVED TEXTS																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		B		F		09/02/1974		44		2		1		0		00 00		07						Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Residence Phone													
1.#1 3.Both 2.#2		S-Suspect E-Escapee A-Arrestee M-Missing Z-other		Z		1		2		HESTER		-													
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
2620 61ST E.		PALMETTO		FL		34221		-																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
		RECEIVED TEXTS																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		B		F		09/02/1974		44		2		1		0		00 00		07						Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Residence Phone													
1.#1 3.Both 2.#2		S-Suspect E-Escapee A-Arrestee M-Missing Z-other		Z		1		2		HESTER		-													
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
2620 61ST E.		PALMETTO		FL		34221		-																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
		RECEIVED TEXTS																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		B		F		09/02/1974		44		2		1		0		00 00		07						Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Residence Phone													
1.#1 3.Both 2.#2		S-Suspect E-Escapee A-Arrestee M-Missing Z-other		Z		1		2		HESTER		-													
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
2620 61ST E.		PALMETTO		FL		34221		-																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
		RECEIVED TEXTS																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?	
2		B		F		09/02/1974		44		2		1		0		00 00		07						Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Residence Phone													

# NARRATIVE CONTINUATION

1. Offense  Juvenile  1. Original   
 2. Arrest  Warn/Dismiss  2. Supplement

## Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20190057**

<b>ADM</b>	Date of Supplement _ / _ / _
	Original Date Reported <b>02/01/2019</b>

Case Reference  
**BAKER ACT.**

**NARRATIVE**

I WAS DISPATCHED TO ANNA MARIA VACATIONS TO MEET WITH SHEREE SHANTELL WHITE-TOWNSEND THE SISTER OF REGINALD HESTER. SHE CALLED H.B.P.D. TO REPORT THAT HESTER SENT HER TEXT MESSAGES DETAILING THAT HE WEANTED TO KILL HIMSELF. THE TEXT MESSAGES READ "I AM GOING TO KILL MYSELF--THE KID WILL BE TAKEN CARE OF WITH INSURANCE MONEY." WHITE-TOWNSEND SAID HESTER HAS AN AK47 AND A PISTOL INSIDE OF HIS CAR. WHITE-TOWNSEND EXPLAINED THAT LESTER JUST GOT OUT OF A RELATIONSHIP WITH HIS KID'S MOM, AND HAS A LOT OF MENTAL ANGUISH FROM IT.

HESTER WAS BUSY DOING HIS WORK AND WE HAD HIS BOSS BRING HIM INTO THE CONFERENCE ROOM WHERE WE COULD SPEAK TO HIM IN PRIVATE. ONCE INSIDE HESTER GOT NERVOUS AND DIDN'T WANT TO SPEAK TO ME. I TOLD HIM WE WERE HERE FOR HIS MENTAL HEALTH AND THAT WE RECEIVED INFORMATION THAT HE WANTED TO HARM HIMSELF. AFTER A FEW MINUTES, HESTER BROKE DOWN AND SAID THAT HE IS HAVING ISSUES. HE DISMISSED THE FACT OF WANTING TO HARM HIMSELF OR OTHER. HESTER WAS REASSURED THERE WERE NO CONSEQUENCES FOR HAVING EVALUATION. HESTER AGREED TO BE DROPPED OFF AT SUNCOAST BEHAVIORAL CENTER. WHEN ASKED, HESTER SAID HE HAD THE AK47 AND PISTOL INSIDE THE VEHICLE AND GAVE US PERMISSION TO GIVE THEM TO HIS SISTER. HESTER AGREED TO BE TRANSPORTED TO SUNCOAST.

WHILE ESCORTING HIM TO SUNCOAST, HE NEVER MENTIONED CAUSING VIOLENCE TO HIMSELF OR OTHERS. HE EXPLAINED THAT HE JUST BROKE UP WITH HIS KID'S MOM. HE IS HAVING DIFFICULTY DEALING WITH THE FACT SHE WAS HELPLESS DURING A TRAFFIC CRASH WHERE SHE SUSTANIED DEBILITATING INJURIES AND HE HAD TO WIPE HER ASS. HE CONTINUED TO MENTION THAT SHE IS WITH HER FIRST LOVE THAT JUST GOT-OUT OF PRISON AND BRUSHED HIM OFF TO THE SIDE.

ONCE WE ARRIVED TO SUNCOAST BEHAVIORAL, I COMPLETED A BAKER ACT FORM, AND SUBJECT WAS ADMITTED INTO THEIR FACILITY.

NO FURTHER ACTION TAKEN BY ME AT THIS TIME.

<b>ADM</b>	Report Contains <b>BAKER ACT FORM</b>	Related Report Number(s)	Name of Officer Reporting <b>JASON HIGGINS</b>	I.D. Number/Locator Code <b>331</b>	
	Signature of Officer Reporting	Officer Reviewing (If Applicable)	I.D. Number	Unit	
	Signature of Officer Reviewing	Routed To	Referred To	Assigned To	
	Case Status <b>CE</b>	Clearance Type 1.Arrest 2.Exceptional <b>2</b>	3.Unfounded <b>2</b>	A-Adult J-Juvenile <b>A</b>	Date Cleared <b>02/01/2019</b>
	Exception Type 1.Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody	Arrest Number <b>1</b>

# NARRATIVE CONTINUATION

1. Offense	1	Juvenile	1	1. Original	2
2. Arrest	1	Warn/Dismiss	1	2. Supplement	2
Agency ORI Number			Agency Report Number		
FL0410400			20190057		

## Holmes Beach Police Department

Case Reference  
**BAKER ACT**

Date of Supplement <b>02/02/2019</b>	
Original Date Reported <b>02/02/2019</b>	

ADM

ON 2/1/19 I RESPONDED TO 3018 AVE C (ANNA MARIA VACATIONS) DUE TO ASSIST BPD. UPON ARRIVAL THE CAD. NOTES STATED THAT OFFICER PALMER FROM BPD WAS FLAGGED DOWN BY THE SUSPECTS SISTER (WHITE-TOWNSEND) WHO STATED THAT HER BROTHER (HESTER) WAS AT WORK AND WAS SENDING HER SUICIDAL THREATS VIA TEXT MESSAGE. WHITE-TOWNSEND ALSO ADVISED THAT HER BROTHER WAS KNOWN TO CARRY GUNS.

UPON ARRIVAL THE MANAGER OF ANNA MARIA VACATIONS WAS STANDING OUT FRONT AND ADVISED THAT HESTER IS UPSTAIRS AND HE IS MOVING SOME BOXS. THE MANAGER ADVISED SHE WAS CONTACTED BY WHITE-TOWNSEND AND TOLD OF THE THREATS AND TO KEEP HESTER BUSY UNTIL POLICE COULD ARRIVE. THE MANAGER SAID THAT HESTER WAS NOT TOLD WHAT WAS GOING ON. SHE WALKED OFFICER HIGGINS AND MYSELF INSIDE INTO THE CONFERENCE ROOM AND WENT TO GET HESTER.

HESTER ARRIVED IN THE ROOM AND OFFICER HIGGINS TOLD HESTER THAT HE WAS NOT IN TROUBLE AND ASKED IF HE KNEW WHY WE WERE THERE. HESTER SAID YES. OFFICER HIGGINS ASKED WHY AND HESTER HELD OUT HIS HANDS AND STATED "ARREST ME". OFFICER HIGGINS ASKED IF HESTER HAD ANY WEAPONS ON HIM AND HE STATED "NO THEY ARE IN THE CAR". OFFICER HIGGINS WAS ABLE TO SPEAK WITH HESTER AND GET HIM TO GO TALK TO A COUNSELOR. HESTER ASKED THAT WHITE-TOWNSEND TAKE HIS CAR AND TO GIVE HER THE KEYS. OFFICER HIGGINS THEN TRANSPORTED HESTER TO SUNCOAST TO BE EVALUATED.

I SPOKE TO WHITE-TOWNSEND AND ASKED IF WE COULD CHECK THE CAR FOR GUNS. SHE SAID YES. WHILE CHECKING THE CAR IN THE FRONT PASSENGER SEAT A RED LEATHER LIKE BAG WAS FOUND, IN THE BAG WAS A MICRO DRACO AK-47 GUN WITH A FULL LOADED MAGAZINE (30). ALSO IN THE BAG WAS AN EXTRA MAGAZINE WITH AN ADDITIONAL 30 ROUNDS IN IT. IN DRIVER DOOR A SECOND GUN (TAURUS 9MM) WAS FOUND FULLY LOADED WITH ONE IN THE CHAMBER. IT WAS DISCOVERED THAT HESTER DID HAVE A CCW PERMIT. I SHOWED THE GUNS TO WHITE-TOWNSEND AND SHE STATED THAT SHE DID NOT FEEL COMFORTABLE TAKING THE GUNS INTO HER POSSESSION. WHITE-TOWNSEND STATED THAT SHE AND HESTER DO LIVE TOGETHER AND THEY WOULD NOT BE SAFE AT THE HOME. THE GUNS WERE TAKE TO HBPD AND PLACED INTO PROPERTY FOR SAFE KEEPING. WHITE-TOWNSEND SECURED THE VEHICLE AND LEFT IT ON THE PROPERTY OF ANNA MARIA VACATIONS.

IT WAS DETERMINED THAT HESTER DID SEND TEXTS MESSAGE TO WHITE-TOWNSEND STATING HE WAS GOING TO KILL HIMSELF, AND THAT WHITE-TOWNSEND DIDN'T NEED TO WORRY ABOUT HIS KID THAT HE HAS AN INSURANCE POLICY THAT WILL TAKE CARE OF HIM. WHITE-TOWNSEND DID SAY THAT SHE WAS AFRAID THAT HESTER WOULD HURT HIMSELF OR OTHERS. WHITE-TOWNSEND STATED THAT HESTER WAS GOING THROUGH A BAD BREAK UP AND THAT THE TWO OF THEM HAD BEEN TOGETHER FOR 5 YEARS. HESTER DID SAY THAT HE WAS UPSET THAT HIS EX-GIRLFRIEND WAS WITH A NEW BOYFRIEND.

DUE TO HESTER HAVING THE ABILITY WITH THE GUNS IN THE CAR TO HARM OTHERS OR HIMSELF. AS WELL AS WHITE-TOWNSEND HAVING THE FEAR OF TAKING THE GUNS AND AFRAID THAT HER BROTHER WOULD HURT HIMSELF A RISK PROTECTION ORDER AFFIDAVIT WAS COMPLETED.

Report Contains	Related Report Number(s)	Name of Officer Reporting <b>SGT. COPEMAN</b>	I.D. Number/Locator Code <b>307</b>
Signature of Officer Reporting	Officer Reviewing (If Applicable) <b>SGT. COPEMAN</b>	I.D. Number <b>307</b>	Unit <b>DET</b>
Signature of Officer Reviewing	Routed To	Referred To	Assigned To <b>SGT. COPEMAN</b>
Case Status	Clearance Type 1. Arrest 2. Exceptional	3. Unfounded	Date Cleared ___/___/___
Exception Type 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody
Arrest Number		Number Arrested	
OBTS Number		Page of Page	



# NARRATIVE CONTINUATION

1. Offense  Juvenile  1. Original   
 2. Arrest  Warn/Dismiss  2. Supplement

## Holmes Beach Police Department

<b>ADM</b>	Date of Supplement <b>02/05/2019</b>
	Original Date Reported <b>02/05/2019</b>

Case Reference  
**BAKER ACT**

Agency ORI Number <b>FL0410400</b>	Agency Report Number <b>20190057</b>
---------------------------------------	---

NARRATIVE

2/4/19, I REVIEWED THE RPO REFERRAL. I RAN A CRIMINAL HISTORY ON THE RESPONDENT AND DID NOT FIND ANY ARRESTS INVOLVING VIOLENCE.

I CHECKED THE RLEX/ LINX DATABASE AND DID NOT FIND ANY RECORDS OF THREATS OR VIOLENCE.

I CALLED THE SISTER WHO REPORTED THE THREATS. SHE SAID THAT HE LIVED WITH HER AND THE FIREARMS THAT SHE TURNED OVER, WHERE THE ONLY FIREARMS THAT SHE KNEW OF THE RESPONDENT TO OWN. THIS WAS THE ONLY TIME THAT SHE HAS HEARD HIM MAKE ANY SUICIDAL THREATS. THE RESPONDENT WAS STILL AT SUNCOAST BUT SHE BELIEVED HE WAS GOING TO BE RELEASED IN THE EVENING.

2/5/19, THE RPO WAS SUBMITTED THROUGH EWARRANTS. IT WAS SIGNED AT 1330 HOURS AND SUBMITTED TO THE SHERIFF'S OFFICE TO BE ENTERED INTO FCIC/NCIC. THE RPO WILL ALSO BE SERVED BY MSO CIVIL DUE TO THE RESPONDENT LIVING OUTSIDE OF HOLMES BEACH.

C O P

Report Contains	Related Report Number(s)	Name of Officer Reporting <b>DET SGT HALL</b>	I.D. Number/Locator Code <b>311</b>
Signature of Officer Reporting	Officer Reviewing (If Applicable)	I.D. Number	Unit
Signature of Officer Reviewing	Routed To	Referred To	Assigned To
Case Status	<u>Clearance Type</u> 1. Arrest 2. Exceptional	3. Unfounded	A-Adult J-Juvenile
<u>Exception Type</u> 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody
		Date Cleared ___/___/___	Arrest Number
			Number Arrested
		OBTS Number	Page of

FL0410400		Gang Related	2	<b>OFFENSE-INCIDENT REPORT</b>										Juvenile in Report	N	Juvenile Warn/Dismiss	1. Original	2. Supplement	1						
Date of Supplement		<b>Holmes Beach Police Department</b>										Agency Report Number		Primary Offense Description											
_/_/____												20190058		FOUND PROPERTY											
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Fri		02/01/2019		1654		1729		1732		1811															
Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)													
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Fri		02/01/2019		1653		To Fri		02/01/2019		1654									
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
# 9		FOUND PROPERTY				C		-		( )															
OFF/INC #2		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
# 2								-		( )															
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
501		68TH STREET		HOLMES BEACH		34217						W80													
Business Name/Area Identifier		Forced Entry		Occupancy																					
		0. N/A 1. Yes		2. No 0		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		0															
Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile													
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		99. Other													
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field															
03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway															
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle				26											
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rife		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs					
1		0		0		0		0		00. N/A 01. Handgun		03. Shotgun 04. Firearm		06. Blunt Object		08. Poison 09. Explosives		11. Threat/Intimidation 12. Simulated Weapon		88. Unknown 99. Other		00			
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
V - Victim W - Witness C - Reporting Person		0 - Other 1. N/A 2. Juvenile 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		N - N/A M - Male F - Female U - Unknown		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. N/A 1. Full Year 2. Part Year 3. Non-Resident		0. None 1. Minor 2. Serious 3. Fatal							
Injury Type		03. Laceration		07. Loss of Teeth		Victim Relationship To Offender		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer									
00. N/A		04. Unconscious		08. Burns		00. N/A		03. Spouse		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant									
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		01. Undetermined		04. Ex-Spouse		12. Other Family		19. Friend		20. Employee		23. Acquaintance									
02. Stabbed		06. Poss. Internal Injury		99. Other		02. Stranger		05. Co-Habitant		13. Student		16. Boy/Girl Friend		99. Other Known											
OFF/INC Indicator		V/W Code #		V. Type		Name (Last, First, Middle or Business)		Residence Phone																	
1.#1 3.Both 2.#2		1 C 1		3		PETERS		941 778-7049																	
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
512		69TH STREET		HOLMES BEACH		FL		34217																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
P362-207-36-442-0		COMPLAINANT																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>	
2		W		M		12/02/1936		82		1		1		0		00 00		00		00				Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		V/W Code #		V. Type		Name (Last, First, Middle or Business)		Residence Phone																	
1.#1 3.Both 2.#2		1 V 2		9		UNKNOWN		UNKNOWN																	
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
UNKNOWN		UNK																							
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
OWNER OF BIKE																									
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
2		U		U						0		0		0		00 00		00						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code		Susp. #		Juvenile		Name (Last, First, Middle)															
1.#1 3.Both 2.#2		S-Suspect A-Arrestee		E-Escapee Z-Other																					
Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone																			
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Occupation		Employer/School		Address		Social Security Number																			
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
<p>ON LISTED DATE AND TIME, I RESPONDED TO THE LISTED ADDRESS IN REFERENCE TO A FOUND BICYCLE. UPON ARRIVAL, I OBSERVED A MAROON HUFFY BEACH CRUISER LYING ON THE SIDE OF THE ROAD. THE BIKE WAS IN POOR CONDITION AND NOT DRIVABLE. I RAN THE SERIAL NUMBER THROUGH NCIC/FCIC TO CHECK AND SEE IF THE BIKE WAS REPORTED STOLEN. THE RESULTS INDICATED IT WAS NOT STOLEN. I PICKED UP THE BIKE AND PLACED INTO THE REAR OF MY PATROL VEHICLE. I THEN MADE CONTACT WITH THE COMPLAINANT, EMIL PETERS. MR. PETERS ADVISED THE BIKE HAS BEEN LAYING THERE FOR ABOUT FOUR DAYS AND NO ONE HAS COME TO CLAIM IT. MR. PETERS CALLED LAW ENFORCEMENT TO HAVE THE BIKE LOOKED AT AND REMOVED. I PLACED THE BIKE INTO HBPD'S BIKE BARN. THE OWNER OF THE BIKE IS UNKNOWN. NO FURTHER INFORMATION AT THIS TIME.</p>																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
						J. BETTS		337																	
Signature of Officer Reporting		Officer Reviewing (If Applicable)		Unit		Date																			
		SGT T. FRASER		HB10		02/01/2019																			
Signature of Officer Reviewing		Routed To		Referred		Assigned To		By																	
Case Status		Clearance Type		1. Arrest 2. Exceptional		3. Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
Exception Type		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender		4. V / W Refused to Cooperate		5. Prosecution Declined		6. Juvenile/No Custody		OBTS Number		Page		Page									
														1		of 2									

FL0410400		Gang Related	2	OFFENSE-INCIDENT REPORT										Juvenile in Report: N	Juvenile Warn/Dismiss:	1. Original	2. Supplement: 1								
Date of Supplement		Holmes Beach Police Department										Agency Report Number		Primary Offense Description											
												20190059		TRAFFIC											
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)															
Sat		02/02/2019		1104		1104		1104		1125															
Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)													
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Sat		02/02/2019		1104		To Sat		02/02/2019		1104									
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
		4		DRIVERS LIC		C		322 - 34 ( 2B )		9000															
OFF/INC #2		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code															
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone													
4000 S.R. 789		HOLMES BEACH		34217								W80													
Business Name/Area Identifier		Forced Entry		Occupancy																					
ROADWAY		0. N/A 1. Yes		2. No 2		0. N/A 1. Occupied 2. Unoccupied 3. Abandoned 1																			
Location Type		01. Residence Single 02. Apartment/Condo 03. Residence-Other 04. Hotel/Motel		05. Convenience Store 06. Gas Station 07. Liquor Sales 08. Bar/Nightclub 09. Supermarket		10. Dept/Discount Store 11. Specialty Store 12. Drug Store/Hospital 13. Bank/Financial Inst. 14. Commercial/Office Bldg.		15. Industrial/Mfg. 16. Storage 17. Gov't/Public Bldg. 18. School/University 19. Jail/Prison		20. Religious Bldg. 21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure		25. Parking Lot/Garage 26. Highway/Roadway 27. Park/Woodlands/Field 28. Lake/Waterway 29. Motor Vehicle		30. Other Mobile 99. Other		26									
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle 03. Shotgun 04. Firearm		05. Knife/Cutting Instrument 06. Blunt Object		07. Hands/Fist/Feet 08. Poison 09. Explosives		10. Fire/Incendiary 11. Threat/Intimidation 12. Simulated Weapon		13. Drugs 88. Unknown 99. Other		00			
1		1		1		0		0		00. N/A 01. Handgun															
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury													
V - Victim W - Witness C - Reporting Person		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		0. N/A 1. City 2. County		3. Florida 4. Out-of-State		0. None 1. Minor 2. Serious 3. Fatal											
Injury Type		03. Laceration 04. Unconscious 01. Gunshot 02. Stabbed		07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 99. Other		Victim Relationship To Offender		00. N/A 01. Undetermined 02. Stranger		06. Parent 07. Brother/Sister 08. Child 09. Step-Parent		10. Step-Child 11. In-Law 12. Other Family 13. Student		14. Teacher 15. Child of Boy/Girl Friend 16. Boy/Girl Friend		17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee		21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known							
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 3.Both 2.#2		1		V		1		5		STATE		OF		FLORIDA											
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone															
1.#1 3.Both 2.#2		1		V		1		5		STATE		OF		FLORIDA											
Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																							
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge? Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)		Residence Phone													
1.#1 3.Both 2.#2		S-Suspect E-Escapee A-Arrestee M-Missing Z-other		A		1		2		RIOS		JORGE		LUIS											
Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone																			
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																	
1203 33RD AVE. W.		BRADENTON		FL		34205																			
Occupation		Employer/School		Address		Social Security Number																			
LABORER						[REDACTED]																			
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																	
R-200-432-76-066-0		FL																							
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)																							
		TATTOOS ALL OVER NECK, ARMS.																							
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style							
W		M		02/26/1976		42		5-04		130		BRO		BLK		S		S							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers															
LT		THN																							
SEE NARRATIVE.																									
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																	
						JASON HIGGINS		331																	
Signature of Officer Reportin		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																	
SGT. COPEMAN				307				02/02/2019																	
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By																	
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested											
CA				1				A		02/02/2019				1											
Exception Type		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page													
1.Extradition Declined										1		2													

# NARRATIVE CONTINUATION

1. Offense  Juvenile  1. Original   
 2. Arrest  Warn/Dismiss  2. Supplement

## Holmes Beach Police Department

Agency ORI Number **FL0410400** Agency Report Number **20190059**

Date of Supplement ___/___/___
Original Date Reported <b>02/02/2019</b>

Case Reference  
**DRIVING WHILE LICENSE SUSPENDED.**

ADM

WHILE SITTING STATIONARY AT 4000 S.R. 789, HOLMES BEACH, FL 34217. I, OBSERVED A CHEVROLET TRUCK WITH AN OBSCURED TAG. THE TAG WAS UNREADABLE DUE TO THE AFTERMARKET FROSTED BLACK LICENSE PLATE COVER.

I INITIATED A TRAFFIC STOP AND MADE CONTACT WITH THE AFOREMENTIONED WHO WAS THE SOLE OCCUPANT AND IN PHYSICAL CONTROL OF THE VEHICLE. UPON THE INITIAL INTERACTION, HE PROVIDED HIS LICENSE AND REGISTRATION. I RAN THAT INFORMATION THROUGH IN-CAR FCIC/NCIC. THAT QUERY DISPLAYED SUBJECT'S LICENSE WAS SUSPENDED. THE INFORMATION LISTED IN THE QUERY PROVED THAT HE HAD KNOWLEDGE OF THE SUSPENSION AND SHOULDN'T BE OPERATING A VEHICLE. I ISSUED A SUMMONS-TO-APPEAR IN COURT FOR THE VIOLATION AND A UTC FOR THE OBSCURED LICENSE PLATE.

RIOS' SON CAME TO SCENE TO GET VEHICLE IN LIEU OF TOWING IT.

COOPER

Report Contains <b>SUMMONS</b>	Related Report Number(s)	Name of Officer Reporting <b>JASON HIGGINS</b>	I.D. Number/Locator Code <b>331</b>
Signature of Officer Reporting	Officer Reviewing (If Applicable) <b>SGT .COPEMAN</b>	I.D. Number <b>307</b>	Unit <b>331</b>
Signature of Officer Reviewing	Routed To	Referred To	Assigned To By Date ___/___/___
Case Status <b>CA</b>	Clearance Type 1.Arrest 2.Exceptional	3.Unfounded <b>1</b>	A-Adult J-Juvenile <b>A</b>
Exception Type 1.Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody
Date Cleared <b>02/02/2019</b>		Arrest Number	Number Arrested <b>1</b>
OBTS Number		Page <b>2</b>	Page <b>2</b>

FL0410400		Gang Related		2		OFFENSE-INCIDENT REPORT				Juvenile in Report: <input checked="" type="checkbox"/> N		Juvenile Warn/Dismiss: <input type="checkbox"/>		1. Original <input type="checkbox"/> 2. Supplement: <input checked="" type="checkbox"/> 1	
Date of Supplement		Holmes Beach Police Department				Agency Report Number		Primary Offense Description							
20190060		DUI													
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)					
Mon		02/04/2019		2211		2211		2211		0100					
Incident Type		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)			
1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		From		To							
Mon		02/04/2019		2211		Mon		02/04/2019		2359					
OFF/INC #1		Type		Description		A-Attempted C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code					
4		DUI				C		316 - 193 ( 1A )		5400					
OFF/INC #2															
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone			
2800 GULF DR		HOLMES BEACH		34217											
Business Name/Area Identifier		Forced Entry		Occupancy											
		0. N/A 1. Yes		2. No 0		0. N/A 1. Occupied		2. Unoccupied 3. Abandoned		0					
Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile			
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		99. Other			
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field					
03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway					
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle		26			
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle			
1		1		1		0		0		00. N/A 01. Handgun		03. Shotgun 04. Firearm			
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury			
V - Victim W - Witness C - Reporting Person		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		N - N/A W - White B - Black		I - American Indian O - Oriental/Asian U - Unknown		0. N/A 1. City 2. County		0. N/A 1. Full Year 2. Part Year 3. Non-Resident			
Injury Type		03. Laceration		07. Loss of Teeth		00. N/A		06. Parent		10. Step-Child		17. Friend			
00. N/A		04. Unconscious		08. Burns		01. Undetermined		07. Brother/Sister		11. In-Law		18. Neighbor			
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		02. Stranger		08. Child		12. Other Family		19. Sitter/Day Care			
02. Stabbed		06. Poss. Internal Injury		99. Other		05. Co-Habitant		09. Step-Parent		13. Student		20. Employee			
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone					
1.#1 3.Both 2.#2		1		V		1		5		STATE OF FL					
Address (Street, Apt. Number)		City		State		Zip		Business Phone							
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement													
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type			
2		N		N						0		0			
Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
0		00 00		00											
OFF/INC Indicator		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone					
1.#1 3.Both 2.#2		1		S		1		5		STATE OF FL					
Address (Street, Apt. Number)		City		State		Zip		Business Phone							
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement													
If V/W Code is V, W or C Fill in this Line		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type			
2		N		N						0		0			
Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?		Yes <input type="checkbox"/> No <input type="checkbox"/>					
0		00 00		00											
OFF/INC Indicator		Suspect Code		Code		Susp.#		Juvenile		Name (Last, First, Middle)					
1.#1 3.Both 2.#2		S-Suspect E-Escapee A-Arrestee M-Missing Z-other		A		1		2		TAYLOR MITCHELL REESE					
Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone									
				GERMANY		941 404-9142									
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone							
203 HAVERKOS CT		HOLMES BEACH		FL		34217		941 404-9142							
Occupation		Employer/School		Address		Social Security Number									
POOL INSTALLER		PARADISE POOLS		203 HAVERKOS CT HOLMES BEACH		[REDACTED]									
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC							
T460556912140		FL													
Clothing (Describe)		Scars/Marks/Tatoos (Location/Describe)													
SHORTS WHITE T SHIRT		TATTOOS RIGHT ARM FULL SLEEVE, LEFT SHOULDER													
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color			
W		M		06/14/1991		27		6-1		150		BLU			
Hair Color		Hair Length		Hair Style											
BLN		M		S											
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers					
LT		THN													
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code							
						OFC M. VANHORN		338							
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date							
SGT. J. PIERCE				309				02/04/2019							
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date					
Case Status		Clearance Type		1.Arrest 2.Exceptional		3.Unfounded		A-Adult J-Juvenile		Date Cleared		Jail Number			
CA				1				A		02/04/2019					
Exception Type		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V / W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody		OBTS Number		Page		Page			
1.Extradition Declined										1		2			

# NARRATIVE CONTINUATION

1. Offense  Juvenile  1. Original   
 2. Arrest  Warn/Dismiss  2. Supplement

## Holmes Beach Police Department

Agency ORI Number: **FL0410400** Agency Report Number: **20190060**

**ADM**  
 Date of Supplement: \_\_\_/\_\_\_/\_\_\_  
 Original Date Reported: **02/04/2019**

Case Reference: **DUI**

**NARRATIVE**

WHILE ON PATROL I OBSERVED THE SUSPECT VEHICLE TRAVELING N.B. ON GULF WITH THE DRIVERS SIDE HEADLIGHT OUT. WHILE FOLLOWING THE VEHICLE TO EFFECT A TRAFFIC STOP I ALSO OBSERVED THE VEHICLE TO BE TRAVELING ON THE WHITE SHOULDER LAND MARKING. UPON STOPPING THE VEHICLE, I IMMEDIATELY OBSERVED THE VERY STRONG ODOR ON INTOXICANTS EMANATING FROM THE DRIVER AND SOLE OCCUPANT OF THE VEHICLE. I ALSO OBSERVED THE DRIVER TO HAVE VERY GLASSY AND BLOODSHOT EYES. I HAD TO ADVISE THE DRIVER TO PLACE THE VEHICLE IN PARK. WHEN I ASKED THE DRIVER TO STEP FROM THE VEHICLE I OBSERVED HIM TO SWAY AND HAVE POOR BALANCE.

**ARRESTED:**

MITCHELL REECE TAYLOR W/M 6/14/1991 WAS ARRESTED AND TRANSPORTED TO HBPD FOR CHEMICAL ALCOHOL BREATH TESTING WITH OUT INCIDENT. UPON TAKING THE TEST, HE WAS TRANSPORTED TO 75TH AND MANATEE FOR TRANSPORT BY MCSO TO MCSO JAIL, AGAIN WITHOUT INCIDENT.

**VEHICLE:**

2005 KIA MINI VAN, SILVER IN COLOR, BEARING FL REGISTRATION ID28AS. MITCHELL WAS ALLOWED TO CONTACT HIS MOTHER VIA CELL PHONE TO PICK UP THE VEHICLE. OFC A. DESANTIS FACILITATED THE VEHICLE BEING TURNED OVER TO THE REGISTERED OWNER.

**FIELD SOBRIETY EXERCISES:**

HGN BOTH OF EYES SHOWED LACK OF SMOOTH PURSUIT, AND DISTINCT NYSTAGMUS ONSET PRIOR TO 45 DEGREES. MITCHELL WAS ASKED TO RECITE THE ALPHABET, HE WAS NOT ABLE TO CORRECTLY COMPLETE WITH 3 ATTEMPTS STATING "A-D" "L,M,N" "A-D" "L,F,C, THEN "A-V" "X,Y,Z". HIS BACKWARD COUNT FROM 85 TO 68 WAS VERY SLOW AND HE PAUSED SEVERAL TIMES, HE REPEATED 76 TWICE, STATED "73-74,73"-61" AND WAS ADVISED TO STOP. HIS HEEL TO TOE WAS NOT PERFORMED CORRECTLY, HAVING LARGE GAPS, NEVER TOUCHING HEEL TO TOE. ONE LEG STAND HE USED HIS LEFT ARM FOR BALANCE, AND HAD TO BE TOLD TWICE TO LOOK AT HIS FOOT WHILE COUNTING. HIS FINGER TO NOSE WAS NOT COMPLETED CORRECTLY, HE MISSED HIS NOSE, KEPT HIS EYES OPEN AND SWAYED FROM FRONT TO BACK..

**CHEMICAL BREATH TEST OPERATOR:**

SGT J. PIERCE RAN THE BREATH TEST WITH RESULTS OF .186 AND .194 AT HBPD.

**EVIDENCE:**

AUDIO AND VIDEO FROM TRUCK #12

**STATUS:**

CLOSED BY ARREST.

<b>Report Contains</b>		<b>Related Report Number(s)</b>	<b>Name of Officer Reporting</b>	<b>I.D. Number/Locator Code</b>
			<b>OFC M. VANHORN</b>	<b>338</b>
<b>Signature of Officer Reporting</b>	<b>Officer Reviewing (If Applicable)</b>	<b>I.D. Number</b>	<b>Unit</b>	<b>Date</b>
	<b>SGT. J. PIERCE</b>	<b>309</b>		<b>02/04/2019</b>
<b>Signature of Officer Reviewing</b>	<b>Routed To</b>	<b>Referred To</b>	<b>Assigned To</b>	<b>By</b>
<b>Case Status</b>	<b>Clearance Type</b>	<b>1.Arrest</b>	<b>3.Unfounded</b>	<b>Date Cleared</b>
<b>CA</b>		<b>2.Exceptional</b>	<b>1</b>	<b>02/04/2019</b>
<b>Exception Type</b>	<b>1.Extradition Declined</b>	<b>2. Arrest on Primary Offense</b>	<b>3. Death of Offender</b>	<b>5. Prosecution Declined</b>
	<b>Secondary Offense Without Prosecution</b>	<b>4. V / W Refused to Cooperate</b>	<b>6. Juvenile/No Custody</b>	<b>Arrest Number</b>
				<b>1</b>
			<b>OBTS Number</b>	<b>Page of</b>

# NARRATIVE CONTINUATION

1. Offense  Juvenile  1. Original   
 2. Arrest  Warn/Dismiss  2. Supplement

## Holmes Beach Police Department

Agency ORI Number **FL0410400** Agency Report Number **20190060**

ADM	Date of Supplement <b>02/04/2019</b>
	Original Date Reported <b>02/04/2019</b>

Case Reference  
**DUI**

NARRATIVE

ON 02-04-19 I RESPONDED TO HYPD STATION IN REFERENCE TO AN ARREST OFFICER VANHORN MADE FOR DUI. I BEGAN AN OBSERVATION PERIOD OF 20 MINUTES AT 2241 HRS ENSURING THE SUBJECT DID NOT REGURGITATE AND ENSURED THAT NOTHING WAS IN HIS MOUTH. I OBSERVED THE SUBJECT TO HAVE A VERY STRONG ODOR OF ALCOHOL COMING FROM HIS BREATH AND PERSON. HIS EYES WERE VERY WATERY AND BLOODSHOT. HE SPONTANEOUSLY UTTERED ON AT LEAST TWO OCCASSIONS WITHOUT ANY QUESTIONING THAT HE WAS AN ALCOHOLIC AND WOULD LIKE HELP FOR THIS PROBLEM. AFTER THE TWENTY MINUTE OBSERVATION PERIOD, I THEN CONDUCTED THE BREATHALYZER TEST FOR THE SUBJECT (MITCHELL REECE TAYLOR). HE PROVIDED TWO SAMPLES OF .186 BAC AND .194 BAC. I ATTESTED TO AND SIGNED THE BREATH TEST RESULTS AFFIDAVIT IN FRONT OF THE ARRESTING OFFICER (M. VANHORN). NFA.

COPY

ADMINISTRATIVE	Report Contains	Related Report Number(s)	Name of Officer Reporting <b>SGT. J. PIERCE</b>	I.D. Number/Locator Code <b>309</b>	
	Signature of Officer Reporting	Officer Reviewing (If Applicable) <b>SGT. J. PIERCE</b>	I.D. Number <b>309</b>	Unit <b>309</b>	
	Signature of Officer Reviewing	Routed To	Referred To	Assigned To	
	Case Status <b>CA</b>	Clearance Type 1. Arrest 2. Exceptional	3. Unfounded <b>1</b>	A-Adult J-Juvenile <b>A</b>	Date Cleared <b>02/04/2019</b>
	Exception Type 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile/No Custody	Arrest Number <b>1</b>